Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02/27/10</u>	Address:	854 Shalepit Rd.	
Case #:	<u>14-39711</u>		Veedersburg, IN 47987	
County:	<u>Fountain</u>			
Type of La	aboratory Seizure (check one)	Seizure Location (<u>E Location</u> (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
(check all tl	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s):	nir, etc)		
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: empty camp fuel containers (kitchen) & Outside residence				
☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	Reactive Metal (Lithium): battery case ous Ammonia: hloric Acid Gas Generator(s): ve Acid: ve Base: item and location):			
Child under age 18 discovered (check one) ☐ Yes 1 (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:		
This repor	t is to be faxed to the following age	ncies that serve the l	ocation:	
Fire Depart	ment: Veedersburg VFD	Fax: 765-2		
Health Department: Fountain		Fax: <u>765-7</u> Fax: <u>765-2</u>		
Child Prote	ection Service: Fountain		_	
	information regarding this methamph ng Officer: <u>R.A. Burgess</u> Pho	netamine laboratory, c one <u>765-473-6666</u>	ontact	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.